

(This is not a Complaint Form and will not be processed as a certified Complaint)

**MCAD
INTAKE INTERVIEW FORM**

Please provide the Commission with the following information:

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security No: (optional): _____ - _____ - _____ DOB: _____/_____/_____

Address: _____ City: _____ State: _____ Zip: _____

Phone No: _____ Sex: _____ Marital Status (optional): _____ Race: _____

Emergency Contact Information: Name: _____ Phone No: _____

Name of Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____

Primary Business of Company: _____ Occupation/Job Title: _____

No. of Employees: _____ Name of person(s) who discriminated against you _____

Please check off appropriate box:

☐ Employment ☐ Public Accommodations ☐ Education ☐ Credit ☐ Other

Type of Discrimination: (please check off appropriate box (es)):

☐ Race & Color ☐ National Origin ☐ Age ☐ Sex/Gender ☐ Sexual Harassment
☐ Sexual Orientation ☐ Disability/Reasonable Accommodation ☐ Retaliation
☐ Religion/Religious Accommodation ☐ Criminal Record ☐ Maternity Leave ☐ Genetics

Please indicate the date of the last act of discrimination: _____

Please summarize the employment decision that was taken against you by your employer: _____

Summarize why you feel these actions were discriminatory: _____

List all the people who were given more favorable treatment than you: _____

Signed by: _____ Date: _____

MCAD OFFICIAL USE ONLY

☐ Consult ☐ Complaint Filed

Revised July 2007